

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90050 018 \*\*\*\*55.00

**DOCUMENT # L04000059061**

1. Entity Name

**NOVUS BUILDING & DESIGN, LLC**



Principal Place of Business

**1505 PATRICIA STREET  
KEY WEST FL 33040**

Mailing Address

**1505 PATRICIA STREET  
KEY WEST FL 33040**

2. Principal Place of Business

**1505 PATRICIA ST.**

3. Mailing Address

**1505 PATRICIA ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY WEST, FL**

City & State

**KEY WEST, FL.**

4. FEI Number

**56-2475611**

Applied For

Not Applicable

Zip

**33040**

Country

**USA**

Zip

**33040**

Country

**USA.**

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**STEPHEN CUSIMANO**

Street Address (P.O. Box Number is Not Acceptable)

**1505 PATRICIA ST.**

City

**KEY WEST**

**FL**

Zip Code

**33040**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STEPHEN CUSIMANO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

**4/23/05**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CUSIMANO, STEPHEN**  
STREET ADDRESS **1505 PATRICIA STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **MGR** ☐ Delete  
NAME **GEOSITS, JOSEPH S**  
STREET ADDRESS **1505 PATRICIA STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **ST** ☐ Delete  
NAME **CUSIMANO, STEPHEN**  
STREET ADDRESS **1505 PATRICIA STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **STEPHEN CUSIMANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/05**  
Date

**305-296-6939**  
Deputy Phone #

**305-296-5029**